

Inspection Report

Name of Service: Silver Birch Lodge

Provider: Silver Birch Lodge Limited

Date of Inspection: 4 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Silver Birch Lodge Limited
Responsible Individual:	Mrs Sandra Martha Phillips
Registered Manager:	Mrs Malgorzata Janusz, not registered
<p>This home is a registered nursing home which provides nursing care for up to 33 patients, including patients living with a terminal illness or a physical disability other than sensory impairment.</p> <p>Patients' bedrooms are located over two floors. Patients have access to communal lounges, the dining room and the garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 September 2025 from 09.50 am to 5.30 pm by a care inspector.

This inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection.

Evidence of good practice was found throughout the inspection in relation to care delivery, record keeping, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider and six areas for improvement in relation to medicines management has been carried forward for review at the next inspection. Details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "There's enough staff and staff are good. They come to me quickly if I buzz for them. I couldn't say a bad thing about them. I enjoy and look forward to attending the activities in the morning time as it gives me something to do," and, "The staff are great and so accommodating. I had a bad day yesterday with my health and they were attentive, supportive and helped me so much. I'm feeling better today".

Patients' relatives spoken with said, "Mum is happy and settled. She has made a best friend and has improved physically and socially since admission. Staff are attentive and communication is good." and, "I'm very happy with the care as staff look after Dad well and communication is good. They keep me updated on any changes in Dad's health."

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients to meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Following the inspection, we received one completed patients' representative questionnaire indicating they were satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing. The manager confirmed that a robust system was in place to ensure staff were recruited correctly to protect patients, in accordance with relevant statutory employment legislation and mandatory requirements.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. Staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board, outlining what was available at each meal time and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately.

Patients spoken with said they enjoyed lunch and that portions were generous.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. On arrival to the home, patients were enjoying a quiz with staff in the dining room. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as armchair aerobics, bingo, bean bag, table top and word games and also arts and crafts. Patients spoken with said they enjoyed the activities they attended and that they especially enjoy the quizzes. In the afternoon of inspection patients attended a Church Service in the lounge.

A record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Mrs Malgorzata Janusz has been the Manager in this home since 28 July 2025.

Review of competency and capability assessments evidenced they were completed with the registered nurses left in charge of the home when the manager was not on duty.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

* the total number of areas for improvement includes six which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Malgorzata Janusz, Manager, and the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 May 2025	<p>The registered person shall review the medicines ordering systems to ensure that medicines are available for administration as prescribed on all occasions.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 May 2025	<p>The registered person shall ensure that records for the receipt, administration and disposal of controlled drugs are maintained in a controlled drug record book.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 May 2025	<p>The registered person shall ensure that inhaled medicines are administered in strict accordance with the prescriber's instructions.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 May 2025	<p>The registered person shall ensure that a robust audit system is in place which covers all aspects of medicines management. Action plans to address any shortfalls should be developed and implemented.</p> <p>Ref: 2.0</p>

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: 15 May 2025	The registered person shall ensure that where medicines are prescribed on a “when required” basis for distressed reason care plans contain sufficient detail and the reason and outcome for administrations is recorded. Ref: 2.0 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 15 May 2025	The registered person shall ensure that patient centred care plans are in place for the administration of insulin. Ref: 2.0 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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